



## COUNTY OF FAIRFAX

Department of Planning and Zoning  
Zoning Evaluation Division

12055 Government Center Parkway, Suite 801  
Fairfax, VA 22035 (703) 324-1290, TTY 711  
[www.fairfaxcounty.gov/dpz/zoning/applications](http://www.fairfaxcounty.gov/dpz/zoning/applications)

APPLICATION No:

SP 2014-PH-095  
(Staff will assign)RECEIVED  
Department of Planning & Zoning

DEC 19 2013

## APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

Zoning Evaluation Division

and Sarita Figueroa 9/23  
for

APPLICANT	NAME	Thomas B. Lee (Kids Child Care) Inc.	
	MAILING ADDRESS	9130 Arlington Blvd.	
	PHONE HOME (703)	273-2580	WORK (703) 255-8324
	PHONE MOBILE ( )	703 964-7422	EMAIL tommyb106@hotmail.com
PROPERTY INFORMATION	PROPERTY ADDRESS	Same as mailing ↑	
	TAX MAP NO.	48-4-04-0001	SIZE (ACRES/SQ FT) 21.3
	ZONING DISTRICT	R-1	MAGISTERIAL DISTRICT Providence
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	NA	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	8.305, 8-923 LA for TL	
	PROPOSED USE	Home Child Care Facility and to allow a fence over four feet in height in a front yard of a corner lot. TL	
AGENT/CONTACT INFORMATION	NAME	Same info as Applicant	
	MAILING ADDRESS		
	PHONE HOME ( )	WORK ( )	
	PHONE MOBILE ( )	EMAIL	
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact		
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p>Thomas B. Lee</p> <p>TYPE/PRINT NAME OF APPLICANT/AGENT</p> <p>Thomas B. Lee</p> <p>SIGNATURE OF APPLICANT/AGENT</p> <p>Deborah Leishon</p> <p>SP 2013-0359</p>			

DO NOT WRITE IN THIS SPACE

Date Application accepted: June 6, 2014 Application Fee Paid: \$ 435.00